

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10620930**
APPLICANT(S)

FILING DATE **07-16-03**

| CLAIMS | | | | | | |
|--------------|-----|---------------------|-----|---------------------|-----|--------------|
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
| IND | DEP | IND | DEP | IND | DEP | |
| 1 | | | | | | 51 |
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| TOTAL IND. | | | | | | TOTAL IND. |
| TOTAL DEP. | | | | | | TOTAL DEP. |
| TOTAL CLAIMS | | | | | | TOTAL CLAIMS |